

## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PARTI LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Deweese	Garen	R.	543-5806
MAILING ADDRESS (Street)			FAX
P. O. Box 2750			543-7202
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96840-0001	
EMPLOYING ORGANIZATION (F	Fill in only if you are employed by a business ent	tity which has been retained to lobby)	TELEPHONE
. 1			
MAILING ADDRESS (Street)			FAX
(City)	(State)	/7in	Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU	TELEPHONE	
Maui Electric Compa	871–2300	
MAILING ADDRESS (Street)		FAX
P. O. Box 398		872-2350
(City)	(State)	(Zip Code)
Kahului	Hawaii	96733-6898
NAME OF PERSON RESPONSIBLE F	OR PREPARING ORGANIZATION'S EXPENDITU	RES STATEMENT TELEPHONE
Marcia Wright		543-5860
MAILING ADDRESS (Street)		FAX
P. O. Box 2750		543-7202
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96840-0001

PART	III DESCRIPTION OF	SUBJECTS UPON WHICH	YOU	EXPECT TO LOBBY		
XX	Agriculture	Education		Human Services	XX	Science, Technology & Economic Development
XX	Communications & Public Utilities	Government Operations & Finance		Intergovernmental Relations, International Affairs		Tourism & Recreation
XX	Consumer Protection & Commerce	Hawaiian Affairs	XX	Labor & Employment	XX	Transportation
	Culture, Arts, Historic Preservation	Health	XX	Planning, Land & Water Use Management		Other: (indicate below)
ХХ	Ecology, Energy Environmental Protection	Housing	XX	Public Safety & Corrections		

PART IV CERTIFICATION OF LOBBYIST

PARTIV CENTIFIE	ATION OF LODD TIST					
	at the information furnished above is,	, to the best of my knowle	dge, correct and complete.			
	Milailen		1/9/07			
77	(Signature of Lobbyist)		(Date)			
PART V AUTHORIZ	ZATION TO LOBBY					
NAME		TITLE OF AUTHORIZING OF	FICER OR PERSON REPRESENTED			
Molly M. Egged	d Secretary					
NAME OF ORGANIZATION	NAME OF ORGANIZATION (if applicable)		TELEPHONE			
Hawaiian Electric Company, Inc.			543-7728			
MAILING ADDRESS (Stree	et)		FAX			
P. O. Box 2750			203-1146			
(City)	(State)	(Zip	(Zip Code)			
Honolulu	Hawaii	96840-0001				
I hereby authorize	e the above - named person to engag	je in lobbying activities on	behalf of the undersigned.			
	m/V	Jan	9. 2007			
(Signatur	re of Authorizing Officer or Person Represente	.ed)	(Date)			